

|   |                        |  |
|---|------------------------|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b)) | Attorney Docket No.    | T-6074   |
|   | First Inventor         | ROBERT H. WOLLENBERG   |
|   | Title                  | PROCESS FOR MAKING GROUP II METAL OVERBASED<br>SULFURIZED ALKYLPHENOLS |
|   | Express Mail Label No. | EV 291405343 US  |

|   |   |
|---|---|
| <b>APPLICATION ELEMENTS</b><br><i>See MPEP chapter 600 concerning utility patent application contents.</i>  | <b>ADDRESS TO:</b><br>Commissioner for Patents<br>Mail Stop Patent Application<br>P.O. Box 1450<br>Alexandria VA 22313-1450   |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/>(Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification (Total Pages <input type="text" value="51"/>)<br/>(preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) (Total Sheets <input type="text" value="2"/>)</p> <p>5. <input type="checkbox"/> Oath or Declaration (Total Sheets <input type="text" value="1"/>)</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/>(for a continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
| <b>ACCOMPANYING APPLICATIONS PARTS</b>  |   |
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>   |   |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

|   |           |  |          |  |  |
|---|-----------|--|----------|--|--|
| <b>19. CORRESPONDENCE ADDRESS</b>                   |           |  |          |  |  |
| <input checked="" type="checkbox"/> Customer Number |           | <input type="text" value="34014"/><br>(Insert Customer No. here) |          | or <input type="checkbox"/> Correspondence address below |  |
| Name  |           |  |          |  |  |
| Address   |           |  |          |  |  |
| City  | State     |  | Zip Code |  |  |
| Country   | Telephone |  | Fax      |  |  |

|                   |                  |                                   |                    |
|-------------------|------------------|-----------------------------------|--------------------|
| Name (Print/Type) | SARITA R. KELLEY | Registration No. (Attorney/Agent) | 50,850             |
| Signature         | <i>S. Kelley</i> | Date                              | September 26, 2003 |

22388 U.S. PTO  
10/672721



|   |                      |  |  |                    |  |             |                    |                      |                      |               |  |                  |  |                     |        |
|---|----------------------|--|--|--------------------|--|-------------|--------------------|----------------------|----------------------|---------------|--|------------------|--|---------------------|--------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 5px 0;">Effective 01/01/2003. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> |                      | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td>September 26, 2003</td></tr> <tr><td>First Named Inventor</td><td>ROBERT H. WOLLENBERG</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group / Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td>T-6074</td></tr> </table> |  | Application Number |  | Filing Date | September 26, 2003 | First Named Inventor | ROBERT H. WOLLENBERG | Examiner Name |  | Group / Art Unit |  | Attorney Docket No. | T-6074 |
| Application Number  |                      |  |  |                    |  |             |                    |                      |                      |               |  |                  |  |                     |        |
| Filing Date   | September 26, 2003   |  |  |                    |  |             |                    |                      |                      |               |  |                  |  |                     |        |
| First Named Inventor  | ROBERT H. WOLLENBERG |  |  |                    |  |             |                    |                      |                      |               |  |                  |  |                     |        |
| Examiner Name   |                      |  |  |                    |  |             |                    |                      |                      |               |  |                  |  |                     |        |
| Group / Art Unit  |                      |  |  |                    |  |             |                    |                      |                      |               |  |                  |  |                     |        |
| Attorney Docket No.   | T-6074               |  |  |                    |  |             |                    |                      |                      |               |  |                  |  |                     |        |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |                      | (\$) 1,746   |  |                    |  |             |                    |                      |                      |               |  |                  |  |                     |        |

| <b>METHOD OF PAYMENT (check all that apply)</b><br><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br><div style="margin-top: 10px;">         Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">03-1620</span><br/>         Deposit Account Name: <span style="border: 1px solid black; padding: 2px 50px;">ChevronTexaco Corporation</span> </div> <p style="font-size: x-small;">The Commissioner is authorized to: (check all that apply)<br/> <input checked="" type="checkbox"/> Charge fee(s) indicated below   <input checked="" type="checkbox"/> Credit any overpayments<br/> <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br/> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>   |          |              |          | <b>FEE CALCULATION (continued)</b><br><b>3. ADDITIONAL FEES</b>            |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
|---|----------|--------------|----------|--|---------------------|--------------|---|-----------------|----------|----------|----------|----------|--------------------|------|-------|------|-----|--------------------|-----|------|-----|--------------------|-----|-------------------|--|------|-----|------|-----|------------------|--------------|------|--------------|------|-----------------|--------------------|----------|----------|----------|----------|------|------------------------|------|---------------------|------------------------|--|------|----|----------|---|-----------------------------------|--|------|--------------|------|--------------|---------------------------------------|-----------------|----------|----------|----------|----------|--|------|------|------|------|-------------------------------------|--|------|---------------------|------|----|--|--|----------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|--------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|---------------------|
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>750</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="border: 1px solid black; text-align: center;">(\$ 750)</td> </tr> </tbody> </table>   |          |              |          | Large Entity   |                     | Small Entity |   | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)           | 1001 | 750   | 2001 | 375 | Utility filing fee | 750 | 1002 | 330 | 2002               | 165 | Design filing fee |  | 1003 | 520 | 2003 | 260 | Plant filing fee |              | 1004 | 750          | 2004 | 375             | Reissue filing fee |          | 1005     | 160      | 2005     | 80   | Provisional filing fee |      | <b>SUBTOTAL (1)</b> |                        |  |      |    | (\$ 750) | <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17 (q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6" style="padding-top: 10px;">Other fee (specify) _____</td></tr> <tr> <td colspan="5" style="text-align: right;">*Reduced by Basic Filing Fee Paid</td> <td style="border: 1px solid black; text-align: center;">SUBTOTAL (3) (\$ 0)</td> </tr> </tbody> </table> |                                   |  |      | Large Entity |      | Small Entity |                                       | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)   | 1051 | 130  | 2051 | 65   | Surcharge - late filing fee or oath |  | 1052 | 50                  | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 1053     | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month |  | 1253 | 930 | 2253 | 465 | Extension for reply within third month |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  | SUBTOTAL (3) (\$ 0) |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid            |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1001  | 750      | 2001         | 375      | Utility filing fee   | 750                 |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1002  | 330      | 2002         | 165      | Design filing fee  |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1003  | 520      | 2003         | 260      | Plant filing fee   |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1004  | 750      | 2004         | 375      | Reissue filing fee   |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1005  | 160      | 2005         | 80       | Provisional filing fee   |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| <b>SUBTOTAL (1)</b>   |          |              |          |  | (\$ 750)            |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid            |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1051  | 130      | 2051         | 65       | Surcharge - late filing fee or oath  |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1052  | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet                     |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1053  | 130      | 1053         | 130      | Non-English specification  |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1812  | 2,520    | 1812         | 2,520    | For filing a request for reexamination                                     |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1804  | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1805  | 1,840*   | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1251  | 110      | 2251         | 55       | Extension for reply within first month                                     |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1252  | 410      | 2252         | 205      | Extension for reply within second month                                    |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1253  | 930      | 2253         | 465      | Extension for reply within third month                                     |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1254  | 1,450    | 2254         | 725      | Extension for reply within fourth month                                    |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1255  | 1,970    | 2255         | 985      | Extension for reply within fifth month                                     |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1401  | 320      | 2401         | 160      | Notice of Appeal   |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1402  | 320      | 2402         | 160      | Filing a brief in support of an appeal                                     |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1403  | 280      | 2403         | 140      | Request for oral hearing   |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1451  | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding                              |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1452  | 110      | 2452         | 55       | Petition to revive - unavoidable   |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1453  | 1,300    | 2453         | 650      | Petition to revive - unintentional   |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1501  | 1,300    | 2501         | 650      | Utility issue fee (or reissue)   |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1502  | 470      | 2502         | 235      | Design issue fee   |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1503  | 630      | 2503         | 315      | Plant issue fee  |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1460  | 130      | 1460         | 130      | Petitions to the Commissioner  |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1807  | 50       | 1807         | 50       | Processing fee under 37 CFR 1.17 (q)                                       |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1806  | 180      | 1806         | 180      | Submission of Information Disclosure Stmt                                  |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 8021  | 40       | 8021         | 40       | Recording each patent assignment per property (times number of properties) |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1809  | 750      | 2809         | 375      | Filing a submission after final rejection (37 CFR § 1.129(a))              |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1810  | 750      | 2810         | 375      | For each additional invention to be examined (37 CFR § 1.129(b))           |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1801  | 750      | 2801         | 375      | Request for Continued Examination (RCE)                                    |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1802  | 900      | 1802         | 900      | Request for expedited examination of a design application                  |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| Other fee (specify) _____   |          |              |          |  |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| *Reduced by Basic Filing Fee Paid   |          |              |          |  | SUBTOTAL (3) (\$ 0) |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| <b>2. EXTRA CLAIM FEES</b><br><table style="width: 100%; font-size: x-small;"> <tr> <td>Total Claims</td> <td>66</td> <td>-20 **</td> <td>=</td> <td>46</td> <td>X</td> <td>18</td> <td>=</td> <td>828</td> </tr> <tr> <td>Independent Claims</td> <td>5</td> <td>-3 **</td> <td>=</td> <td>2</td> <td>X</td> <td>84</td> <td>=</td> <td>168</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td>280</td> <td>=</td> <td>0</td> </tr> </table><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="border: 1px solid black; text-align: center;">(\$ 996)</td> </tr> </tbody> </table> <p style="font-size: x-small; margin-top: 10px;">**or number previously paid, if greater; For Reissues, see above</p> |          |              |          | Total Claims   | 66                  | -20 **       | = | 46              | X        | 18       | =        | 828      | Independent Claims | 5    | -3 ** | =    | 2   | X                  | 84  | =    | 168 | Multiple Dependent |     |                   |  |      | X   | 280  | =   | 0                | Large Entity |      | Small Entity |      | Fee Description | Fee Paid           | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18                     | 2202 | 9                   | Claims in excess of 20 |  | 1201 | 84 | 2201     | 42  | Independent claims in excess of 3 |  | 1203 | 280          | 2203 | 140          | Multiple dependent claim, if not paid |                 | 1204     | 84       | 2204     | 42       | ** Reissue independent claims over original patent |      | 1205 | 18   | 2205 | 9                                   | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |      |    |  |  | (\$ 996) |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| Total Claims  | 66       | -20 **       | =        | 46   | X                   | 18           | = | 828             |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| Independent Claims  | 5        | -3 **        | =        | 2  | X                   | 84           | = | 168             |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| Multiple Dependent  |          |              |          |  | X                   | 280          | = | 0               |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid            |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1201  | 84       | 2201         | 42       | Independent claims in excess of 3  |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1203  | 280      | 2203         | 140      | Multiple dependent claim, if not paid                                      |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1204  | 84       | 2204         | 42       | ** Reissue independent claims over original patent                         |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent                 |                     |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |
| <b>SUBTOTAL (2)</b>   |          |              |          |  | (\$ 996)            |              |   |                 |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |              |      |              |                                       |                 |          |          |          |          |  |      |      |      |      |                                     |  |      |                     |      |    |  |  |          |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                     |

|                     |                  |                                 |        |                                 |                    |
|---------------------|------------------|---------------------------------|--------|---------------------------------|--------------------|
| <b>SUBMITTED BY</b> |                  |                                 |        | <b>Complete (if applicable)</b> |                    |
| Name (Print/Type)   | SARITA R. KELLEY | Registration No. Attorney/Agent | 50,850 | Telephone                       | 925-842-1538       |
| Signature           |                  |                                 |        | Date                            | September 26, 2003 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.